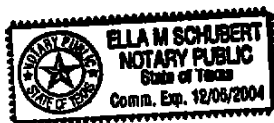


CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT # _____	2 Total pages filed: <u>6</u>																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS/MRS/MR</td> <td style="width: 30%;">FIRST</td> <td style="width: 30%;">MI</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Shelley</td> <td></td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Sekula-Gibbs</td> <td style="text-align: center;">M.D.</td> <td></td> </tr> </table>	MS/MRS/MR	FIRST	MI			Shelley			NICKNAME	LAST	SUFFIX			Sekula-Gibbs	M.D.			
MS/MRS/MR	FIRST	MI																	
	Shelley																		
NICKNAME	LAST	SUFFIX																	
	Sekula-Gibbs	M.D.																	
4 ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report							
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5 ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>07</td> <td>01</td> <td>03</td> <td>THROUGH</td> <td>09</td> <td>25</td> </tr> <tr> <td colspan="2"></td> <td></td> <td colspan="2"></td> <td>03</td> </tr> </table>	Month	Day	Year	Month	Day	Year	07	01	03	THROUGH	09	25						03
Month	Day	Year	Month	Day	Year														
07	01	03	THROUGH	09	25														
					03														
6 EXPLANATION OF CORRECTION	<p>Cover Sheet Pg 2: Miscalculation of total political contributions and for total political expenditures due to input errors delineated below</p> <p>Schedule F Pg 6: omission of "purpose of payment"</p> <p>Pg 8: incorrect amount entered</p> <p>Pg 27: clarification of payee</p> <p>Schedule G Pg 6: omission of amount</p>																		

OFFICE USE ONLY	
Date Received _____	
Date Hand-delivered or Date Mailed _____	
CITY SECRETARY	
Receipt # _____	Amount _____
Legal _____	Totals _____
Date Processed _____	
Date Imaged _____	

7 AFFIDAVIT

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Shelley Sekula-Gibbs
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Shelley Sekula-Gibbs this the 19 day of January, 2004.

to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
Printed name of officer administering oath

Notary Public
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**



✓

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Shelley Sekula-Gibbs, M.D.

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages
18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 58,545.05

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

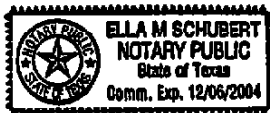
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shelley Sekula-Gibbs M.D.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Shelley Sekula-Gibbs*, this the *19th* day of *January*, 20 *04*, to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

28

2 FILER NAME Shelley Sekula-Gibbs, M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date
07.08.035 Payee name
Houston Hispanic Chamber of Commerce7 Amount
(\$)

6 Payee address; City; State; Zip Code

2900 Woodridge, Ste 312; Houston TX 77087

\$150.00

8 Purpose of payment (See instructions regarding type of information required.)

Membership Dues

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
07.08.03Payee name
Czech Cultural CenterAmount
(\$)

Payee address; City; State; Zip Code

2315 Del Norte; Houston TX 77018

\$100.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
07.08.03Payee name
Marrow Donor Program, Gulf Coast Regional Blood CenterAmount
(\$)

Payee address; City; State; Zip Code

1400 La Concha Lane; Houston TX 77054

\$50.00

Purpose of payment (See instructions regarding type of information required.)

Contribution

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
07.08.03Payee name
Mexican-American Bar Association of HoustonAmount
(\$)

Payee address; City; State; Zip Code

1912 Norfolk; Houston TX 77098

\$1,250.00

Purpose of payment (See instructions regarding type of information required.)

Contribution \$312.50; Advertising \$312.50;
Meals \$312.50; Event Tickets \$312.50

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

28

2 FILER NAME Shelley Sekula-Gibbs, M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date
07.10.035 Payee name
Paychex7 Amount
(\$)

6 Payee address; City; State; Zip Code

11777 Katy Fwy, Ste 200; Houston TX 77079

\$112.69

8 Purpose of payment (See instructions regarding type of information required.)

Payroll Processing

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
07.11.03Payee name
Houston Hispanic Chamber of Commerce Policy CommitteeAmount
(\$)

Payee address; City; State; Zip Code

PO Box 1569; Bellaire TX 77042-1569

\$175.00

Purpose of payment (See instructions regarding type of information required.)

Event Tickets \$90.00; Advertising \$85.00

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
07.11.03Payee name
Sprint Digital PrintAmount
(\$)

Payee address; City; State; Zip Code

10100 Clay Rd, Ste C; Houston TX 77080

\$3,838.75

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date
07.14.03Payee name
Village Republican Women's ClubAmount
(\$)

Payee address; City; State; Zip Code

12122 Memorial Drive; Houston TX 77024

\$5.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Meals Expense

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 28
2 FILER NAME Shelley Sekula-Gibbs, M.D.		3 ACCOUNT # (Ethics Commission filers)
4 Date 09.12.03	5 Payee name Paychex 6 Payee address; City; State; Zip Code 11777 Katy Fwy, Ste 200; Houston TX 77079	7 Amount (\$) \$420.99
8 Purpose of payment (See instructions regarding type of information required.) Payroll Taxes—U.S. Treasury		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09.15.03	Payee name City of Houston Payee address; City; State; Zip Code 900 Bagby; Houston TX 77002	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Filing Fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09.17.03	Payee name Wheeler Avenue Baptist Church Payee address; City; State; Zip Code 3626 Wheeler Ave; Houston TX 77004	Amount (\$) \$250.00
Purpose of payment (See instructions regarding type of information required.) Contribution \$125.00; Advertising \$125.00		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 09.20.03	Payee name Willie Baker Payee address; City; State; Zip Code 805 ½ Maxroy; Houston TX 77088	Amount (\$) \$500.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

10

2 FILER NAME

Shelley Sekula-Gibbs, M.D.

3 ACCOUNT # (Ethics Commission filers)

4 Date 08.09.03	5 Payee name Regency Parking Garage 6 Payee address; City; State; Zip Code 611 Clay; Houston TX 77002 7 Purpose of expenditure (See instructions regarding type of information required.) Parking for Political Event	8 Amount (\$) \$13.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 08.12.03	Payee name CLantro's Payee address; City; State; Zip Code 5535 Memorial Dr; Houston TX 77007 Purpose of expenditure (See instructions regarding type of information required.) Campaign Meals Expense	Amount (\$) \$18.78 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 08.15.03	Payee name Scurlock Tower Payee address; City; State; Zip Code 6560 Fannin St; Houston TX 77030 Purpose of expenditure (See instructions regarding type of information required.) Parking for Political Event	Amount (\$) \$5.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 08.16.03	Payee name Reliant Park Payee address; City; State; Zip Code 1 Reliant Park; Houston TX 77054 Purpose of expenditure (See instructions regarding type of information required.) Parking for Political Event	Amount (\$) \$7.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 08.16.03	Payee name Reliant Park Payee address; City; State; Zip Code 1 Reliant Park; Houston TX 77054 Purpose of expenditure (See instructions regarding type of information required.) Parking for Political Event	Amount (\$) \$7.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

